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FACSIMILE COVER SHEET**TO:** Examiner C. Bleck
Group Art Unit 3626**FROM:** Michael K. O'Neill**RE:** U.S. Application No. 10/782,902
Atty. Docket No.: 03191.000100**FAX NO.:** (571) 273-8300**DATE:** May 15, 2007**NO. OF PAGES:** 11
(including cover page)**TIME:** 2:33**SENT BY:** *[Signature]***MESSAGE**

Attached is an Amendment in response to the Office Action dated March 9, 2007.

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on:

May 15, 2007
(Date of Deposit)Michael K. O'Neill, Reg. No. 32,622
(Name of Attorney for Applicant)*[Signature]* May 15, 2007
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MAY 15 2007

In re Application of:

Docket No. 03191.000100

MAX STANFORD TOMLINSON, et al.

Application No.: 10/782,902

Examiner: C. Bleck

Filed: February 23, 2004

Group Art Unit: 3626

For: METHOD FOR PAYER ACCESS TO
MEDICAL IMAGE DATA

Date: May 15, 2007

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 15	MINUS	** 20	= 0	x \$25 \$50	- 0 -
INDEP. CLAIMS	* 1	MINUS	*** 3	= 0	x \$100 \$200	- 0 -
Fee for Multiple Dependent claims \$180/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						- 0 -

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
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(Date of Deposit)Michael K. O'Neill, Reg. No. 32,622
(Name of Attorney for Applicant)

Signature

May 15, 2007
Date of Signature

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants
Michael K. O'Neill
Registration No.: 32,622

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MAY 15 2007

03191.000100

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: C. Bleck
MAX STANFORD TOMLINSON, JR., et al)
: Group Art Unit: 3626
Application No.: 10/782,902)
:
Filed: February 23, 2004)
:
For: METHOD FOR PAYER)
ACCESS TO MEDICAL : May 15, 2007
IMAGE DATA)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated March 9, 2007, please amend the
above-identified application, as follows:

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(Date of Deposit)

Michael K. O'Neill, Reg. No. 32,622
(Name of Attorney for Applicant)

Signature

May 15, 2007
Date of Signature